

I.D.# _____

MILLCREEK-WEST UNITY SCHOOLS
Student Registration

Student's Legal Name _____ Called Name _____
First Middle Last

Student's Address _____
P.O. Box # Street or Co. Road (5-digit) City Zip Code

Phone# (____) - _____ Date of Birth ____ / ____ / ____ Gender: Male or Female (circle one)

Social Security # _____ - _____ - _____ Birth Place _____

Is student from Hispanic/Latino origin? Yes or No (circle one)

Ethnic Identity: (mark one or more) _____ White _____ Black or African American _____ Asian
_____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander

Enrolling in Grade Level _____

Last School Attended _____ City/State _____

Child is currently living with _____.

Father/Step-father/Guardian _____ Birth Place _____

Address (if different) _____

Education (highest grade completed) _____ Occupation _____

Employer/Address/Phone # _____

Mother/Step-mother/Guardian _____ Birth Place _____

Address (if different) _____

Education (highest grade completed) _____ Occupation _____

Employer/Address/Phone # _____

Brothers Name(s) _____ Age(s) _____

Sisters Name(s) _____ Age(s) _____

(turn over and complete back side)

Custody: (mark which one applies)

_____ Living with both biological parents.

_____ Parents are divorced. Legal custody was granted by the Court on _____ to _____.

_____ Parents are separated. Action (divorce, dissolution...) has been started, but no final decree has been rendered. I will bring in a copy of the papers once they are complete.

_____ Parents are separated, but there has been no legal action started that could result in custody being awarded to the other parent.

_____ Father or Mother is deceased.

_____ Other (please explain) _____

Signature

Date

MILLCREEK-WEST UNITY SCHOOLS
Home Language Survey

Name of Student _____
Family Name
First Name
Middle Name

For Parents/Guardians:

Please answer the following questions:

1. What language did your son/daughter speak when he/she first learned to talk? _____
2. What language does your son/daughter use most frequently at home? _____
3. What language do you use most frequently to your son/daughter? _____
4. What language do the adults at home most often speak? _____
5. How long has your son/daughter attended school in the United States? _____

For School District Personnel:

If the answer to any of the first four questions above is a language other than English, indicate the student's native/home language in EMIS Student Data Element (2.1.1.21), and proceed to assess the student's English language proficiency.

INITIAL ENGLISH LANGUAGE ASSESSMENT

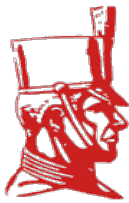
<u>Communication Skill</u>	<u>Proficiency Level</u>			
Listening:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Speaking:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Reading:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
Writing:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient
*Comprehension:	___ Beginning	___ Intermediate	___ Advanced	___ Proficient

*note: the comprehension score is calculated by averaging the listening and reading scores

Assessment instrument(s) used: _____

Student is LEP? ___ Yes ___ NO

If the student has been in U.S. schools for less than three years, is the student eligible for extended accommodations for statewide academic assessments? ___ Yes ___ No



Millcreek-West Unity Local Schools

1401 W. Jackson St., West Unity, OH 43570

Phone: 419-924-2365 Fax: 419-924-2367

www.hilltop.k12.oh.us

Home of the Hilltop Cadets

REQUEST FOR RELEASE OF STUDENT RECORDS

Date: _____

Authorization To: _____

The following student(s) is a resident of the _____ School District attending the Millcreek-West Unity School District through open enrollment effective _____.

You are hereby authorized to release all school records, including academic, health, birth certificate and any psychological testing results, IEP or any other documentation necessary for placement pertaining to:

Student Name	Date of Birth	Grade Level

Please Send Records to: Hilltop Elementary School
c/o Karen Kuney
1401 W. Jackson St.
West Unity, OH 43570
PH: 419-924-2365 ext. 2350
Fax: 419-924-2367
Email: kkuney@hilltopcadets.org

Parent/Guardian
Signature: _____

SAFETY PATROL
BUS STOP CHANGE REQUEST FORM

PARENT/GUARDIAN NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

STUDENT NAME: _____ GRADE: _____

CURRENT STOP LOCATION: _____ A.M. () P.M. ()

CURRENT BUS ASSIGNMENT: A.M. BUS # _____ P.M. BUS # _____

REQUESTED STOP LOCATION: _____

REASON FOR REQUEST: _____

I UNDERSTAND THAT A RESPONSIBLE PERSON WILL BE AVAILABLE EACH DAY AT HIS/HER BUS STOP, OR THE STUDENT MAY BE RETURNED TO SCHOOL.

PARENT/GUARDIAN SIGNATURE: _____

<p>TRANSPORTATION DEPARTMENT USE ONLY:</p> <p>REQUEST APPROVED () REQUEST DENIED () SEE COMMENTS</p> <p>IF REQUEST IS APPROVED: A.M. BUS # _____ PICKUP TIME: _____</p> <p style="padding-left: 150px;">P.M. BUS # _____ DROP OFF TIME: _____</p> <p>EFFECTIVE DATE: _____</p> <p>NEW STOP LOCATION/ACTION TAKEN: _____ _____</p> <p>COMMENTS: _____</p> <p>REQUEST REVIEWED BY: _____ DATE: _____</p>
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